



BIN:

Date of Loss:

15. To determine the refund amount, complete the schedule below.

Product		(A) Quantity Lost	(B) Tax Rate Per Unit	Total Amount of Tax (A X B)
Category	Size/Price			
Cigarettes/Preportioned Sticks:	200 cigs.		\$32.00/carton	
	- Carton	150 cigs.	\$24.00/carton	
	- Package	25 cigs.	\$4.00/package	
		20 cigs.	\$3.20/package	
	- Individual	1 cig.	\$0.16/cigarette	
Loose Tobacco/Snuff	226 grams		\$36.16/tin/pouch	
	200 grams		\$32.00/tin/pouch	
	180 grams		\$28.80/tin/pouch	
	150 grams		\$24.00/tin/pouch	
	130 grams		\$20.80/tin/pouch	
	110 grams		\$17.60/pouch	
	90 grams		\$14.40/pouch	
	50 grams		\$8.00/pouch	
	45 grams		\$7.20/tin	
	40 grams		\$6.40/tin	
	35 grams		\$5.60/tin	
	30 grams		\$4.80/tin	
	25 grams		\$4.00/tin	
	20 grams		\$3.20/tin	
	15 grams		\$2.40/tin	
Cigars (Retail Price, Tax Included)	29 cents or less		\$0.15/cigar	
			49%	
			49%	
			49%	
			49%	
	Over \$10.20		\$5.00/cigar	

Total Refund Requested: \$

**INSTRUCTIONS**

- To support this claim, you must attach copies of your inventory records and an explanation of the method used to determine the loss amount. Your inventory records must include the time and date of a physical count, all purchases and sales between the physical count and the date of loss and a physical count taken immediately after the loss. Confirmation from your insurance company must be provided as well as the file number from the police or fire commissioner's report.
- Refund applications that are incomplete, lack supporting documentation or are received outside the 365 days, will be disallowed.
- If there are any subsequent recoveries of tobacco products for which a refund has been granted, the applicable tax must be returned to the Minister of Finance.

**CERTIFICATION**

*I hereby certify that, to the best of my knowledge and belief, the information contained in this application is true, accurate and all relevant facts have been revealed.*

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application must be signed by the applicant or an authorized signing officer of the company.**